

APPLICATION FOR A TEMPORARY INSURANCE LICENSE (FORM L-TEMP)

1. **CAREFULLY READ THE ENCLOSED INSTRUCTIONS.** Print in ink or type your application.
2. Complete ALL PAGES of this form and fulfill all other requirements shown in the attached instructions.
3. Send your application and fee payment together with other required materials to the following address:
INSURANCE LICENSING SECTION, 2910 North 44th Street, Suite #210, Phoenix, AZ 85018-7269

SECTION I: BUSINESS INFORMATION

A. (Legal) Last Name (including Jr/Sr/etc if applicable)		B. Full First Name		C. Full Middle Name	
D. Name of Business (if your place of business is your home, enter "N/A"):		*If your business is involved in the sale, solicitation or negotiation of insurance, that business will need to be separately licensed.			
E. Physical Street Address of Place of Business (*may not be a P O box)			City	State	Zip Code
F. Mailing Address (P.O. box permitted. If blank, Box E address will print on license)			City	State	Zip Code
G. Business Area Code & Phone:		H. Fax Area Code & Number (optional):		I. E-mail Address (optional):	

SECTION II: LINES OF LICENSE AUTHORITY

Write an "X" in the box to the left of the line(s) of authority for which you are applying:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Life Insurance Producer | <input type="checkbox"/> Accident and Health [or Sickness Producer | <input type="checkbox"/> Property Producer | <input type="checkbox"/> Casualty Producer |
| <input type="checkbox"/> Variable Life and Variable Annuity Products Producer | <input type="checkbox"/> Personal Lines Producer | <input type="checkbox"/> Credit Insurance Producer | |

CRD # _____

Other limited line for nonresidents (see instructions): _____

{ ← HERE, ALIGN TOP OF CHECK OR MONEY ORDER AND STAPLE ON LEFT SIDE (REMEMBER TO REMOVE ANY STUBS FROM PAYMENT)

SECTION III: PERSONAL INFORMATION

A. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		B. Date of Birth: <u>MM</u> <u>DD</u> <u>YYYY</u>			
D. Social Security Number [required by ARS § 25-320(N)]:			E. Home Area Code and Phone Number:		
F. Physical Street Address of Applicant's Home		City	State	Zip Code	

SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY

License #: _____ Expires: ____/____/____ Issued: ____/____/____	TF#: _____ <input type="checkbox"/> 56 Quad Other (120) <input type="checkbox"/> 58 Quad SLB (1000/1200) <input type="checkbox"/> 18 Pro SLB (500) <input type="checkbox"/> 66 Fingerprint (24.00 X _____)
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SECTION VII: ADDITIONAL INFORMATION Carefully read and respond to each of the following questions. You should provide a "YES" answer even if you believe an incident has been cleared from your record. Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application.

For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. A "No" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or had its civil rights restored, had a plea withdrawn or has been given probation, a suspended sentence or a fine, or successfully completed a diversion program. ALL applicants must complete this whole section.

NOTE: ADDITIONAL INFORMATION IS REQUIRED if you respond "YES" to any of the following. Please see paragraph 13 in the instructions.

A. Have you EVER had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine imposed by any public authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Have you EVER withdrawn an application for a license or certification to avoid its denial, or have you EVER surrendered a license or certification to avoid disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Have you EVER been found guilty of, have you had a judgment made against you for, or have you admitted to, any of the following:		
1. A felony (of any kind)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Withholding, misappropriating, converting or stealing money or property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Committing an insurance unfair trade practice or fraud?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Transacting, or helping someone else transact, insurance without the required license authority?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Is any case currently pending against you in any jurisdiction accusing you of any issue listed in Question C?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION V: REASON FOR TEMPORARY LICENSE

Which of the following describes the applicant? Check the reason that applies and see the INSTRUCTIONS for additional information that you need to include with your license application.

- ARS § 20-294(A)(1):** The surviving spouse or court-appointed personal representative of a licensed insurance producer who dies or becomes mentally or physically disabled to allow adequate time for the sale of the insurance business owned by the producer, for the recovery of the producer and return of the producer to the business or to provide for the training and licensing of new personnel to operate the producer's business.
- ARS § 20-294(A)(2):** The member or employee of a business entity that is licensed as an insurance producer on the death or disability of an individual who is the designated producer on the business entity application or license.
- ARS § 20-294(A)(3):** The designee of a licensed insurance producer who enters active service in the armed forces of the United States.

SECTION VI: EMPLOYMENT HISTORY List your employment history for the past five years (if none, please explain) and your insurance-related experience during the past ten years. If more space is required, attach and sign a separate sheet containing the information.

Employer Name	Type of Business	Position Held	City/State	EMPLOYMENT DATES	
				FROM (mm/yy)	TO (mm/yy)

SECTION VII: INSURANCE LICENSE HISTORY Are you presently, or have you ever been, licensed to transact any kind of insurance in this state or elsewhere? Yes No If "Yes," complete the following information as to each license. If more space is required, complete and attach a separate list.

Resident or Non-Resident?	State	Kinds of Insurance (life, disability, property, casualty, etc.)	Type of License (agent, broker, solicitor, etc.)	DATES HELD	
				FROM (mm/yy)	TO (mm/yy)

SECTION VIII: AUTHORIZATION AND RELEASE Read the following and, if you agree, sign this page. This page must be signed for you to be eligible for an insurance license.

- I understand that, if applying for a nonresident license, pursuant to ARS § 20-291, application for and acceptance of a nonresident license constitutes an irrevocable appointment of the Director of insurance as attorney of the licensee for the acceptance of service of process issued in this state in any action or proceeding against the licensee arising out of such licensing or out of transactions under the license. Process service on the director on behalf of a nonresident licensee constitutes service on the licensee as though the licensee were personally served with process in this state.
- Having filed this application, I hereby consent to having an investigation made of my moral character, professional reputation and fitness for an insurance license. I agree to give any further information that may be required in reference to my past record.
- I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me to furnish the Arizona Department of Insurance with any such information including documents, records, insurance department files including charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Arizona Department of Insurance, or any of its agents or representatives or my authorized insurers to inspect and make copies of such documents, records and other information.
- I release, discharge, and exonerate the Arizona Department of Insurance, its agents and representatives, the State of Arizona, my authorized insurers, and any person furnishing information pursuant to this Authorization and Release from and all liability which may arise from the investigation made by the Arizona Department of Insurance.
- I certify that if issued a license, I shall not use the license principally for procuring insurance that covers
 - myself,
 - members of my family or my relatives to the second degree,
 - my property or insurable interests,
 - the property or insurable interests of my relatives to the second degree, my employer or my employees,
 - a firm or corporation in which I own a substantial interest or the employees of that firm or corporation,
 - property or insurable interests of my relatives to the second degree, my employer or my employees,
 - property or insurable interests of a firm or corporation in which I own a substantial interest or the employees of that firm or corporation, or
 - property or insurable interests for which I, my relatives to the second degree, my employer, or my firm or corporation is the bailee, trustee or receiver.
- I hereby attest that I have read and that I understand the foregoing. I certify, under penalty of denial, suspension or revocation of the license or under any other penalties that may apply, that the answers, statements and information furnished in connection with this license application are true, correct and complete to the best of my knowledge and belief.

Full **Signature** of Applicant
(*include FULL first, middle and last names*)

INSTRUCTIONS FOR FORM L-TEMP (continued on the following page)

Carefully read the instructions and review your three-page application before submitting it. The instructions describe additional forms or documents that you may need to submit with your application. If your application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be rejected.

Clearly print in ink or type all information and sign the application in ink.

QUESTIONS? Before calling the Department of Insurance, please see if the answer to your question can be found in the PRODUCERS page of the Department of Insurance Internet web site: <http://www.azinsurance.gov>

Questions that are not addressed on our Internet web site may be directed to the Insurance Licensing Section:

- E-mail: Licensing@azinsurance.gov
- Fax: 602-364-4460
- Phone: 602-364-4457, or 877-660-0964 if calling long-distance within Arizona.

Retain these instructions for your records. Do not submit these instructions with your license application.

Send your application materials and fees to:

INSURANCE LICENSING SECTION, 2910 N 44TH ST # 210, PHOENIX, ARIZONA 85018-7269

A. Fees. You are required to pay a **\$144.00 NON-REFUNDABLE** fee [A.R.S. § 20-167(B)] made payable to **INSURANCE LICENSING SECTION** with your license application. Fee amounts are subject to change. For the correct fees, download the most current version of Form L-TEMP from the Department of Insurance web site (www.azinsurance.gov).

B. Fingerprint Card. You must submit a blue-outlined, matte-finish fingerprint card (Form FD-258) completed in black ink. If the Department of Public Safety cannot read your fingerprints, you will be required to submit a replacement card. Prometric's system for applying fingerprints to fingerprint cards provides superior results. Contact Prometric at 800.853.5448 (or for Telecommunications Device for the Deaf, use 800.790.3926) for details.

C. Variable Contracts Agents. Include with your application evidence that you hold an active registration with the Financial Industry Regulatory Authority (FINRA). To provide this evidence, submit a printout from www.finra.org showing your present broker registrations.

D. Assumed Name (or DBA).

- While conducting insurance business, you must use your legal name (as shown on your license) unless you are granted permission by the Insurance Department to use another name.
- To use another name, submit Form L-193. Register the name as a "trade name" with the Arizona Secretary of State's Office (www.azsos.gov, or 602-542-6187) to prevent the name from being claimed by someone else (and relinquished by you).
- We may deny the use of an assumed name if the name is being used by another licensee or if the name could mislead or deceive the public as to the nature of business to be transacted.

- E. If you answered “YES” to one or more of the questions in Section VII, you must include**
1. a SIGNED statement describing **in detail** all incidents including
 - names of all parties involved,
 - dates and locations,
 - the names and localities of any courts and/or administrative agencies involved,
 - the disposition of each matter,
 - whether the conviction, plea or finding was for a felony or open-ended charge; **AND**
 2. certified copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. If certified copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.

F. You must include evidence that you qualify for a temporary license, as follows:

1. *For an application submitted pursuant to ARS § 20-294(A)(1), you must provide*
 - a. For a deceased licensee, the death certificate of the deceased licensee; or, for a disabled licensee, the original of a statement from the licensee's physician describing the licensee's disability and certifying the licensee is unable to perform the functions under the license.
 - b. Official evidence that you are the decedent's surviving spouse, next of kin, decedent's estate administrator or an employee of a business entity that is the estate administrator, decedent's estate executor or an employee of a business entity that is the estate executor.
2. *For an application submitted pursuant to ARS § 20-294(A)(2), you must provide*
 - a. For a business entity whose designated producer is deceased, the death certificate of the deceased licensee; or, for a business entity whose designated producer is disabled, the original of a statement from the licensee's physician describing the licensee's disability and certifying the licensee is unable to perform the functions under the license.
 - b. An original, notarized statement from a principal of the business entity describing why the temporary license is necessary and attesting to the fact that the selected member or employee shall be authorized to act on the behalf of the business entity.
3. *For an application submitted pursuant to ARS § 20-294(A)(3), you must provide an original, notarized statement from an appropriate military officer certifying the producer's entrance into active duty, or copies of signed enlistment or induction papers.*

THE DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT (ADA) OF 1990. Persons with disabilities may request reasonable accommodation by contacting the Department of Insurance ADA Coordinator, at (602) 364-3471.